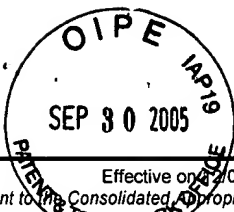


|   |                        |                        |
|---|------------------------|------------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number     | 09/401,439             |
|   | Filing Date            | September 22, 1999     |
|   | First Named Inventor   | Usama M. Fayyad et al. |
|   | Group Art Unit         | 3623                   |
|   | Examiner Name          | C. Michelle Colon      |
| <input type="checkbox"/> Sent via Express Mail Label No.:                           | Attorney Docket Number | 115377.01              |

| ENCLOSURES (check all that apply)   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> <b>Fee Transmittal Form (in duplicate; \$2520.00 total fee)</b><br><input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Assignment Papers (for an Application)   | <input type="checkbox"/> After Allowance Communication to TC  |
| <input checked="" type="checkbox"/> <b>Amendment / Reply</b><br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> Drawing(s) ( sheets)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences   |
| <input checked="" type="checkbox"/> <b>Extension of Time Request</b>  | <input type="checkbox"/> Declaration<br><input type="checkbox"/> Newly Executed ( pages)<br><input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)   |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)   | <input checked="" type="checkbox"/> <b>Petition For Revival of An Application for Patent Abandoned Unintentionally</b>  | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Response to Notice to File Missing Parts<br><input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5   | <input type="checkbox"/> Petition to Convert to a Provisional Application   | <input type="checkbox"/> Application Data Sheet   |
| <b>CERTIFICATE OF MAILING OR TRANSMISSION</b><br>(Under 37 CFR § 1.8(a))<br>I hereby certify that this correspondence is being:<br><input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to:<br>Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or<br><input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (571) _____<br>September 27, 2005<br>Date<br>Signature<br><u>Noemi Tovar</u><br>Printed Name | <input type="checkbox"/> General Power of Attorney (SB80)<br><input type="checkbox"/> 37 CFR 3.73(b) Statement<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> Request for Corrected Filing Receipt<br><input checked="" type="checkbox"/> <b>Return Receipt Postcard</b><br><input checked="" type="checkbox"/> <b>Other Enclosure(s) (please identify below):</b><br><input checked="" type="checkbox"/> <b>Copy of this Transmittal Form</b><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.   |   |   |

|                                       |                    |   |                |               |                |
|---------------------------------------|--------------------|---|----------------|---------------|----------------|
| <b>SIGNATURE OF ATTORNEY OR AGENT</b> |                    |   |                |               |                |
| Signature <u>Paul Heynssens</u>       |                    | Reg. No.  |                | 47,648        |                |
| Name of Attorney or Agent             |                    | Paul Heynssens  |                |               |                |
| Date                                  | September 27, 2005 | Tel.  | (425) 707-3913 | Facsimile No. | (425) 708-5046 |
| Assignee Name:                        |                    | MICROSOFT CORPORATION<br>ONE MICROSOFT WAY<br>REDMOND, WA 98052 |                |               |                |
| Customer Number:                      |                    | 22971   |                |               |                |



Effective on 08/04  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) **2520.00**

### Complete if Known

|                        |                    |
|------------------------|--------------------|
| Application Number     | 09/401,439         |
| Filing Date            | September 22, 1999 |
| First Named Inventor   | Usama M. Fayyad    |
| Examiner Name          | C. Michelle Colon  |
| Art Unit               | 3623               |
| Attorney Docket No.    | 115377.01          |
| Express Mail Label No. |                    |

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | 0              |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | 0              |

#### 2. EXCESS CLAIM FEES

| Fee Description   | Fee (\$)                  | Small Entity Fee (\$)    |
|---|---------------------------|--------------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent            | 50                        | 25                       |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200                       | 100                      |
| Multiple dependent claims   | 360                       | 180                      |
| <b>Total Claims</b> 13 - 64 or HP = 0   | <b>Extra Claims</b> x 50  | <b>Fee Paid (\$)</b> = 0 |
| HP = highest number of total claims paid for, if greater than 20  |                           |                          |
| <b>Indep. Claims</b> 2 - 9 or HP = 0  | <b>Extra Claims</b> x 200 | <b>Fee Paid (\$)</b> = 0 |
| HP = highest number of independent claims paid for, if greater than 3                                   |                           |                          |
| <b>Multiple Dependent Claims</b>  |                           |                          |
|   | <b>Fee (\$)</b> 0         | <b>Fee Paid (\$)</b> 0   |

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|              |              |  |          |               |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| -100 = 0     | / 50 = 0     | (round up to a whole) number x 250               | =        | 0             |

#### 4. OTHER FEE(S)

|   |      |
|---|------|
| Non-English Specification, \$130 fee (no small entity discount)                 | 0    |
| Other: Petition for Revival for Patent Abandoned Unintentionally/Pet. Ext. Time | 2520 |

#### SUBMITTED BY

|                   |               |  |                          |
|-------------------|---------------|--|--------------------------|
| Signature         |               | Registration No. (Attorney/Agent) 47,648 | Telephone (425) 707-3913 |
| Name (Print/Type) | Paul Heynsens | Date                                     | September 27, 2005       |